

Notice Of Privacy Practices

Effective Date of This Notice: October 1, 2015

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

White Clover Wellness & Research Center is required by federal and state law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. We are required to abide by the terms of this Notice of Privacy Practices. This notice takes effect October 1, 2015 and will remain in effect until we replace it. We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and make the new notice available upon request. You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

White Clover Wellness & Research Center collects health information from you and stores it in a chart and on a computer. This is your medical record. The medical record is the property of White Clover Wellness & Research Center, but the information in the medical record belongs to you. White Clover Wellness & Research Center protects the privacy of your health information. The law permits us to use or disclose your protected health information to our physicians, office staff and others outside of our office that are involved in your care and treatment for the following purposes:

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. We will disclose your protected health information to a physician or other healthcare provider providing treatment to you.

Payment: We may use and disclose your protected health information to obtain payment and/or authorization for your healthcare services.

Healthcare Operations: We may use or disclose your protected health information in connection with our healthcare operations. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, marketing and fundraising activities, and conducting or arranging for other business activities. We may use a sign-in sheet at the registration desk and we may also call you by name in the waiting room. We may use or disclose your protected health information, as necessary, to contact you to remind you of appointments or regarding treatment follow-up. We will also share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

Your Written Authorization: Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that your physician or the physician's practice has taken an action in reliance on the use or disclosure indicated in the authorization.

Others Involved in Your Healthcare: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate

uses and disclosures to family or other individuals involved in your health care. We may use and disclose your protected health information if your physician or another physician in the practice attempts to obtain consent from you but is unable to do so due to substantial communication barriers and the physician determines, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law.

Federal and State Agencies: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition. We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, inspections, licensure and other proceedings. We may disclose your protected health information to a person or company required by the Food and Drug Administration to report adverse events, product defects or problems, biologic product deviations, track products; to enable product recalls; to make repairs or replacements, or to conduct post marketing surveillance, as required.

Abuse or Neglect: We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information.

Other Uses and Disclosures: Public Safety: We may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. **Coroners, Funeral Directors, and Organ Donation:** We may disclose protected health information to a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose protected health information to a funeral director in order to permit the funeral director to carry out their duties. **Research:** We may disclose your protected health information to researchers if their research has been approved by an institutional review board or Louisiana Pain Physicians Privacy Board. **Military Activity and National Security:** We may use or disclose protected health information of individuals who are Armed Forces personnel (a) for activities deemed necessary by appropriate military command authorities; (b) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits, or (c) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized. **Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs. **Inmates:** We may use or disclose your protected health information if you are an inmate of a correctional facility and your physician created or received your protected health information in the course of providing care to you.

PATIENT RIGHTS

- 1) Access:** You have the right to inspect and obtain a copy of protected health information about you that is contained in your medical record. You must make a request in writing to obtain access to or request copies of your health information. If copies are requested, we will charge you a reasonable cost-based fee for expenses such as copies, postage and staff time. The fees associated with copying include \$7.50 handling fee, \$1.00 per page for the first 25 pages and .50 per page for pages over 25 and actual postage. Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.
- 2) Restriction:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency situation). You may request a restriction by submitting your request in writing to the Privacy Officer of Louisiana Pain Physicians.

- 3) **Alternative Communication:** You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Contact.
- 4) **Amendment:** You have the right to request that we amend your health information for as long as we maintain this information. Your request must be made in writing and it must explain why the information should be amended. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Contact to determine if you have questions about amending your medical record.
- 5) **Disclosure Accounting:** You have the right to receive a list of instances in which we disclosed your health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, for a facility directory, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 14, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- 6) **You have the right to obtain a paper copy of your medical summary from each visit; this will be available for you to pick up within three (3) business days of your appointment.**
- 7) **Other patients' information:** When you come to the LPP office for an appointment, you may encounter other patients' information such as seeing their name on a sign-in list, overhearing a phone conversation or seeing their name on a chart on the desk; just as we protect your privacy, you must also protect the privacy of the patients' information you may see or overhear.

QUESTIONS AND COMPLAINTS

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our privacy contact of your complaint. We will not retaliate against you for filing a complaint.

Privacy Officer: Bethany C. Crosby, P.A.-C

Telephone: (318)-861-4226

Email: bethany@whitecloverwellness.com

Address: 460 Ashley Ridge Blvd, Ste 700, Shreveport, LA 71106